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UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

IN RE:

TRACEY ALLEN CARRIES MARLA RANELLE CARRIES 4495 BOYD WRIGHT ROAD BURLINGTON, NC 27215 CASE NO. 20-10828 JUDGE BENJAMIN A. KAHN

DEBTORS

SSN(1) XXX-XX-2287

SSN(2) XXX-XX-4803

DATE: 06/16/2021

REPORT OF FILED CLAIMS

Pursuant to 11 U.S.C. §704(5), the trustee has examined the proofs of claims filed in this case and objected to the allowance of such claims as appeared to be improper except where no purpose would have been served by such objection. After such examination and objections, if any, the trustee states that claims should be deemed allowed or "not filed" as indicated below.

| NAME & ADDRESS OF CREDITOR | AMOUNT | CLASSIFICATION |
|-------------------------------|-----------------|-----------------------|
| ALAMANCE CO REGISTER OF DEEDS | \$52.00 | (Z) SPECIAL COST ITEM |
| P O BOX 837 | INT: .00% | |
| GRAHAM, NC 27253 | NAME ID: 1735 | |
| | CLAIM #: 0022 | COMMENT: |
| ALAMANCE COUNTY TAX | \$0.00 | (P) PRIORITY |
| 124 W ELM STREET | INT: .00% | NOT FILED |
| GRAHAM, NC 27253 | NAME ID: 2794 | ACCT: |
| | CLAIM #: 0001 | COMMENT: OC |
| AMERICAN ANESTHESIOLOGY | \$0.00 | (U) UNSECURED |
| P O BOX 88087 | INT: .00% | NOT FILED |
| CHICAGO, IL 60680-1087 | NAME ID: 156048 | |
| | CLAIM #: 0025 | COMMENT: |
| BB&T NOW TRUIST | \$21,910.36 | (V) VEHICLE-SECURED |
| P O BOX 1847 | INT: 5.25% | |
| 100-50-01-51 | NAME ID: 182227 | ACCT: 8611 |
| WILSON, NC 27894 | CLAIM #: 0007 | COMMENT: 18TOYO |
| BURLINGTON PEDIATRICS | \$0.00 | (U) UNSECURED |
| 3804 S CHURCH ST | INT: .00% | NOT FILED |
| BURLINGTON, NC 27215 | NAME ID: 46681 | ACCT: |
| | CLAIM #: 0010 | COMMENT: |
| CAPITAL ONE BANK USA NA | \$11,886.13 | (U) UNSECURED |
| % AMERICAN INFOSOURCE LP | INT: .00% | |
| P O BOX 71083 | NAME ID: 116268 | |
| CHARLOTTE, NC 28272 | CLAIM #: 0011 | COMMENT: |
| CITY OF BURLINGTON | \$0.00 | (P) PRIORITY |
| TAX COLLECTOR | INT: .00% | NOT FILED |
| P O BOX 1358 | NAME ID: 2914 | ACCT: |
| BURLINGTON, NC 27216 | CLAIM #: 0002 | COMMENT: OC |
| CONE HEALTH | \$0.00 | (U) UNSECURED |
| 1200 N ELM ST | INT: .00% | NOT FILED |
| GREENSBORO, NC 27401 | NAME ID: 137686 | ACCT: 9397 |
| | CLAIM #: 0012 | COMMENT: |
| | | |

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| | | . |
|--------------------------------|---------------------|-------------------------|
| NAME & ADDRESS OF CREDITOR | AMOUNT | CLASSIFICATION |
| DR ED SCOTT DDS | \$0.00 | (U) UNSECURED |
| 5439 LIBERTY RD | INT: .00% | NOT FILED |
| GREENSBORO, NC 27406 | NAME ID: 166175 | ACCT: 8370 |
| , | CLAIM #: 0013 | COMMENT: |
| DUKE HEALTH | \$0.00 | (U) UNSECURED |
| 5213 S ALSTON AVE | INT: .00% | NOT FILED |
| DURHAM, NC 27713 | NAME ID: 162287 | |
| Boldman, No 27713 | CLAIM #: 0014 | |
| INTERNAL REVENUE SERVICE | \$0.00 | (P) PRIORITY |
| P O BOX 7346 | INT: .00% | |
| PHILADELPHIA, PA 19101-7346 | NAME ID: 123770 | |
| 1111LADELI 111A, 1A 19101-7540 | | COMMENT: OC |
| | CLAIM #. 0003 | |
| LAB CORP | \$0.00 | |
| P O BOX 2240 | | NOT FILED |
| BURLINGTON, NC 27216-2240 | NAME ID: 2431 | |
| | CLAIM #: 0015 | COMMENT: |
| LCA COLLECTIONS | \$0.00 | |
| P O BOX 2240 | INT: .00% | NOT FILED |
| BURLINGTON, NC 27216-2240 | NAME ID: 55849 | ACCT: |
| | CLAIM #: 0027 | COMMENT: |
| MARCUS BY GOLDMAN SACHS | \$0.00 | (U) UNSECURED |
| P O BOX 45400 | | NOT FILED |
| SALT LAKE CITY, UT 84145 | NAME ID: 173781 | |
| SHEET ENTIRE CITT, CT CITTS | CLAIM #: 0016 | |
| N C DEPARTMENT OF REVENUE | \$0.00 | (P) PRIORITY |
| BANKRUPTCY UNIT | INT: .00% | |
| P O BOX 1168 | NAME ID: 9699 | ACCT: 2287 |
| RALEIGH, NC 27602-1168 | CLAIM #: 0004 | |
| - | | |
| PEDIATRIX MEDICAL GROUP | \$0.00 INT: .00% | |
| P O BOX 88087 | | |
| CHICAGO, IL 60680-1087 | NAME ID: 184096 | ACCT: 9076 |
| | CLAIM #: 0026 | COMMENT: |
| PENNYMAC LOAN SERVICES LLC | \$0.00 | (S) SECURED |
| P O BOX 660929 | INT: .00% | DIRECT PAY |
| DALLAS, TX 75266-0929 | NAME ID: 136904 | ACCT: 5509 |
| | CLAIM #: 0005 | COMMENT: DT,RE RP,DIR |
| PENNYMAC LOAN SERVICES LLC | \$0.00 | (S) SECURED |
| P O BOX 660929 | INT: .00% | DIRECT PAY |
| DALLAS, TX 75266-0929 | NAME ID: 136904 | ACCT: 5509 |
| , | CLAIM #: 0023 | COMMENT: POST ARR |
| PENNYMAC LOAN SERVICES LLC | \$0.00 | (S) SECURED |
| P O BOX 660929 | INT: .00% | DIRECT PAY |
| DALLAS, TX 75266-0929 | NAME ID: 136904 | ACCT: 5509 |
| 2112210, 111 (0200 0,2) | CLAIM #: 0024 | COMMENT: OC,PRE ARR,DIR |
| PORTFOLIO RECOVERY ASSOC LLC | \$1,002.15 | (U) UNSECURED |
| P O BOX 12914 | INT: .00% | (O) ONSECORED |
| NORFOLK, VA 23541 | NAME ID: 68146 | ACCT: 0901 |
| 11010 ODIS, 111 20071 | CLAIM #: 0017 | |
| | CLIMIVI II. UUI I | COLLINE TO THE |

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| NAME & ADDRESS OF CREDITOR | AMOUNT | CLASSIFICATION |
|-----------------------------------|-----------------|------------------------------|
| PORTFOLIO RECOVERY ASSOC LLC | \$6,399.27 | (U) UNSECURED |
| P O BOX 12914 | INT: .00% | |
| NORFOLK, VA 23541 | NAME ID: 68146 | ACCT: 8645 |
| | CLAIM #: 0018 | COMMENT: LOWES |
| PORTFOLIO RECOVERY ASSOC LLC | \$5,313.31 | (U) UNSECURED |
| P O BOX 12914 | INT: .00% | |
| NORFOLK, VA 23541 | NAME ID: 68146 | ACCT: 0608 |
| | CLAIM #: 0019 | COMMENT: SYNCHRONY BANK |
| PORTFOLIO RECOVERY ASSOC LLC | \$5,059.68 | (U) UNSECURED |
| P O BOX 12914 | INT: .00% | |
| NORFOLK, VA 23541 | NAME ID: 68146 | ACCT: 2910 |
| | CLAIM #: 0020 | COMMENT: HOME DEPOT,121A |
| PORTFOLIO RECOVERY ASSOC LLC | \$6,672.06 | (U) UNSECURED |
| P O BOX 12914 | INT: .00% | |
| NORFOLK, VA 23541 | NAME ID: 68146 | ACCT: 9675 |
| | CLAIM #: 0021 | COMMENT: HOME DEPOT |
| QUANTUM3 GROUP LLC | \$2,213.64 | (S) SECURED |
| AS AGENT FOR AQUA FINANCE | INT: 5.25% | |
| P O BOX 2489 | NAME ID: 183905 | ACCT: 8406 |
| KIRKLAND, NC 98083 | CLAIM #: 0006 | COMMENT: WATER TREATMENT SYS |
| TD RETAIL CARD SERVICES | \$2,932.99 | (S) SECURED |
| % CREDITOR BANKRUPTCY SERVICE | INT: 5.25% | |
| P O BOX 800849 | NAME ID: 170297 | ACCT: 4162 |
| DALLAS, TX 75380 | CLAIM #: 0008 | COMMENT: LAWNMOWER |
| THREE RIVERS FEDERAL CREDIT UNION | \$7,846.62 | (U) UNSECURED |
| P O BOX 2573 | INT: .00% | . , |
| FORT WAYNE, IN 46801 | NAME ID: 184160 | ACCT: 5554 |
| | CLAIM #: 0009 | COMMENT: |
| TOTAL: | \$71,288.21 | |
| JOHN T ORCUTT ESQ | \$4,500.00 | ATTORNEY FEE |
| 6616-203 SIX FORKS ROAD | | |
| RALEIGH, NC 27615 | | |

ANITA JO KINLAW TROXLER, TRUSTEE 500 W FRIENDLY AVE STE 200 P O BOX 1720 GREENSBORO, NC 27402-1720

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NOTICE OF FILING OF REPORT OF FILED CLAIMS

The foregoing Report of Filed Claims has been filed with the Bankruptcy Court based on an audit of claims filed in the Trustee's office. The claims are allowed unless objection is made by the Debtors or other party in interest.

Any objection to a claim should be filed in writing with the Bankruptcy Court at the address below and a copy must be served on the Trustee:

Clerk, U.S. Bankruptcy Court 101 S. Edgeworth Street P.O. Box 26100 Greensboro, NC 27420-6100

If an objection is filed, a hearing will be scheduled before the Court. The Trustee will continue making disbursements on the claims unless an objection is filed.

Date: 06/16/2021 OFFICE OF THE CHAPTER 13 TRUSTEE

By: /s/ Gayle McFarland Clerk Chapter 13 Office 500 W FRIENDLY AVE STE 200 P O BOX 1720 GREENSBORO, NC 27402-1720

cc: Debtors

Attorney for Debtors - Electronic Notice